

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043653

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 411

1. PLACE OF DEATH
a. COUNTY Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Sedalia

Length of stay in 1b
24 hours

c. CITY
OR TOWN Jefferson City

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Show Me Kort Motel

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1005 West McCarty

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Sidney

Francis

Gay

4. DATE
OF DEATH

Month

Day

Year

November 15

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-25-08

9. AGE (last birthday)

54

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Specialist 4th Class

10b. KIND OF BUSINESS OR INDUSTRY
Mo. National Guard

11. BIRTHPLACE (City and state or country)
Poplar Bluff, Mo.

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Fred Gay

13b. MOTHER'S MAIDEN NAME

Morris

14. NAME OF HUSBAND OR WIFE

Sylvia Gay

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WW II

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Sylvia Gay, Jefferson City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

2 hours

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-15-62 to 11-15-62 and last saw him alive on 11-15-62
Death occurred at 6:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Albert J. Campbell MD

22b. ADDRESS

312 1/2 So. Ohio, Sedalia, Mo.

22c. DATE SIGNED

11-15-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE

11-17-62

23c. NAME OF CEMETERY OR CREMATORY

Hawthorn Memorial Gardens

23d. LOCATION (City, town, or county)

Jefferson City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

McLaughlin Bros.

Sedalia, Missouri

25. DATE RECD. BY LOCAL REG.

Nov. 15, 1962

26. REGISTRAR'S SIGNATURE

Frances Shelby per N. Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 21 1962

NOV 21 1962

NOV 29 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Philip M^cLaughlin

Licensed Embalmer No. 3729

P. O. Address Sedalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.